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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000024553

1. Corporation Name
MARGARET REILLY ASSOCIATES, INC.

Principal Place of Business: 1465 N. OCEAN BLVD. GULFSTREAM FL 33483
Mailing Address: 1465 N. OCEAN BLVD. GULFSTREAM FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1998
4. FEI Number: 65-0820845
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
23. City & State
24. Zip Country (25-28)
29. Zip Country (30)

9. Name and Address of Current Registered Agent

REILLY, MARGARET
1465 N. OCEAN BLVD.
GULFSTREAM FL 33483

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for DELETE and ADDITION. Rows 12-15.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition. Rows 13-16.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Reilly* REQUIRED
Date: 3/23/99 Daytime Phone #: 561-243-1155

CR2E034 (11/98)